



Missouri Department of Health and Senior Services

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Bureau of Emergency Services

TRAUMA CENTER SITE REVIEW CRITERIA CHECK SHEET – LEVEL III

Name of Hospital: _____ **Location** _____ **Date:** _____ **Lead Reviewer:** _____

General Standards for Trauma Center Designation		
1. Documentation: Board resolution to demonstrate commitment to quality trauma care. (May include policy/procedure)	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
2. Accepts all trauma victims as appropriate for level of care provided at the hospital	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
3. Demonstration of evidence of a trauma program that provides the trauma team with appropriate experience to maintain skill and proficiency to care for trauma patients.	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
4. Lighted designated helipad, cordoned off, no more than three minutes from the ED	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
5. Job description and organizational chart depicting relationship between trauma medical director and other services	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
6. Trauma Medical Director: Shall be Board Certified and: A. Member of surgical call roster B. Responsible for education and training of medical and nursing staff C. Document a minimum of 16 hours trauma-related CME every year	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
7. Trauma Nurse Coordinator: A. Job description and organizational chart depicting the relationship between the TNC and other services B. Document a minimum of 24 hours of trauma related CEU every year	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
8. Surgical Trauma Call Roster: A. All members shall have successfully completed or be registered for ATLS B. All members of surgical trauma call, anesthesiology, neurosurgery and orthopedic shall document a minimum average of 8 hours of trauma related CME every year. If pediatric, an additional 6 hours of pediatric trauma education must be maintained by surgeons caring for pediatric trauma.	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:

9. Adequate post-discharge follow-up: A. Rehabilitation, discharge summary to patient's primary physician, documentation of discharge plan	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
10. Missouri Trauma Registry	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
11. Trauma Team Activation Protocol: A. Ranks patients according to severity and type of injury, identifies person authorized to notify trauma team members when a major trauma is en route or has arrived at the trauma center. B. Immediate notification and rapid response	Met <input type="checkbox"/> Not Met <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
12. Tissue/Organ Procurement A. Shall have a plan in place to notify an organ or tissue procurement of anatomical gifts	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Hospital Organization Standards for Trauma Center Designation: 1. Delineation of Privileges made by the medical staff credentialing committee 2. All members of the surgical trauma call staff shall comply with availability requirements and shall reply immediately to contact by the hospital 3. Physicians who are board-certified or board-admissible and who are credentialed by the hospital for trauma care shall be on the trauma center staff: 4. The following specialists who are credentialed by the hospital for trauma care shall be available as indicated: A. General Surgery – PA B. Emergency Medicine – IH C. Anesthesiology – PA (may be fulfilled by CRNA with physician supervision) D. Internal Medicine - PA	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Standards for Special Facilities/Resources/ Capabilities for Trauma Center Designation:		
1. Emergency Department Standards: A. Staffing shall ensure immediate and appropriate care of the trauma of the trauma patient B. There shall be a physician competent in the care of the critically injured in the ED 24/7 C. All emergency room physicians shall be currently certified in ATLS and ACLS D. The ER physician shall be a designated member of the trauma team and shall document a minimum of 16 hours of trauma related care every year E. Written protocols defining the relationship of the emergency	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:

department physicians to other physician members of the trauma team

- F. Trauma utilization assessment system, which predicts the number of registered nurses, needed to provide adequate care and resuscitation of trauma patients. There shall be no fewer than 1 RN on duty per shift credentialed in trauma nursing in the ED
- G. All Registered Nurses regularly assigned to the ED shall be credentialed in trauma nursing by the hospital within 1 year of assignment
- H. Registered nurses credentialed in trauma shall document a minimum of 8 hours of trauma-related CEU per year
- I. By the time of initial review, all registered nurses assigned to the ED shall have successfully completed or be registered for a provider ACLS
- J. X-ray capability 24/7 – IA
- K. Nursing documentation shall be on a trauma flow sheet

Equipment for the Emergency Department: (Must have documentation of PM schedule)

- 1. Airway controls which includes ventilation/laryngoscopes/endotracheal tubes/bag-mask/oxygen sources/mechanical ventilator which includes pediatric
- 2. Suction devices, including pediatric
- 3. EKG, oscilloscope and defibrillator, including pediatric sizes
- 4. Central line insertion
- 5. All standard IV solutions, administration devices and catheters, including pediatric sizes
- 6. Sterile surgical sets for procedures standard for the ED
- 7. Gastric lavage equipment, includes pediatric
- 8. Drugs and supplies necessary for emergency care, includes pediatric dosages
- 9. Two-way radio linked with EMS vehicles
- 10. End-tidal CO2 monitor
- 11. Skeletal tongs
- 12. Temperature control devices for patient, parenteral fluids and blood
- 13. Rapid infusion system for parenteral fluids

<p>Intensive Care Standards for Trauma Center Designation:</p> <ol style="list-style-type: none"> 1. Designated surgeon trauma medical director (may be co-director) 2. ICU shall utilize a patient classification system, which defines the severity of injury and indicates the number of registered nurses needed to staff the unit. Minimum nurse/trauma ratio shall be 1:2 3. Registered nurses shall be credentialed in trauma care within one year of assignment, documenting 8 hours of trauma-related CEU/year 4. Nursing care documentation shall be on a 24- hour patient flow sheet 5. At the time of initial review, nurses assigned to ICU shall have successfully completed or be registered for a provider ACLS course 6. There shall be beds available for trauma patients or comparable care provided until space is available in ICU <p>Equipment for resuscitation and to provide life support for trauma patients shall include but not be limited to:</p> <ol style="list-style-type: none"> 1. Airway controls, includes all laryngoscopes, endotracheal tubes, bag-mask, mechanical ventilator, including pediatric 2. Oxygen sources with concentration control 3. Cardiac emergency cart, including pediatric equipment and medications 4. Temporary transvenous pacemaker, including pediatric size 5. EKG, oscilloscope and defibrillator, includes pediatric sizes 6. End-tidal CO2 monitor, mechanical ventilators, including pediatric sizes 7. Patient weighing devices, including pediatric 8. Pulmonary functioning measuring devices, including pediatric 9. Temperature control devices for adult and pediatric 10. Drugs, IV fluids and supplies for adult and pediatric 11. Documentation all equipment checked by PM Schedule 12. Separate adult and pediatric ICU or a combined ICU with nurses trained in pediatric intensive care 		
<p>Post Anesthesia Recovery Room (PAR) Standards:</p> <ol style="list-style-type: none"> 1. Registered nurses and other essential personnel who are not on duty shall be on call and available within 20 minutes 2. Equipment for resuscitation and to provide life support to the critically or seriously injured patient shall include but not be limited to: <ol style="list-style-type: none"> A. Airway controls, includes all laryngoscopes, endotracheal tubes, bag-mask, mechanical ventilator, including pediatric, Oxygen sources with concentration control B. Suction devices C. EKG, oscilloscope and defibrillator, includes pediatric sizes D. All standard intravenous fluids and administration devices, including intravenous catheters E. Sterile surgical sets for emergency procedures F. Drugs and supplies necessary for emergency care G. Temperature control devices for patient, parenteral fluids and blood 	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	<p>Comments:</p>

H. Temporary pacemaker I. Pulmonary function measuring devices		
The hospital shall have the following capability and/or transfer agreements: Hemodialysis capability or a written transfer agreement Physician directed burn unit Injury rehabilitation and spinal cord injury rehabilitation Pediatric trauma management capability	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Radiological Capability for trauma center designation shall include: 1. Adequate physician and nursing personnel present with monitoring equipment to fully support the trauma patient and provide documentation of care during the time the patient is physically present in the radiology department and during transportation to and from the radiology department	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Documentation of adequate support services in assisting the patient's family from time of admission to discharge	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Medical-Surgical Floors of a designated trauma center: 1. Registered nurses and other essential personnel on duty 24/7 2. Equipment for resuscitation and to provide support for the injured patient shall include but not be limited to: a. Airway control and ventilation equipment including laryngoscopes, endotracheal tubes, bag-mask, sources of oxygen b. Suction devices c. EKG, defibrillator and oscilloscope d. All standard intravenous fluids, administration devices and catheters e. Drugs and supplies necessary for emergency care f. Documentation that all equipment is checked by PM schedule	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Operating Room Personnel, equipment and procedures of a trauma center shall include but not be limited to: 1. Thermal control equipment for patient, parenteral fluids and blood 2. X-ray capability 3. Endoscopes 4. Monitoring equipment 5. All equipment checked according to hospital PM schedule 6. Documentation that any CRNA participating in care of trauma patient completes 8 hours of trauma-related CEU	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:
Clinical Laboratory services shall be available 24/7 1. Standard analysis of blood, urine and other body fluids 2. Blood typing and cross-matching 3. Coagulation studies 4. Comprehensive blood bank or access to a community central blood bank and adequate hospital blood storage facilities 5. Blood gases and pH determinations 6. Microbiology	Met <input type="checkbox"/> Not Met <input type="checkbox"/>	Comments:

<p>7. Drug/Alcohol screening</p> <p>8. Written protocol that trauma patient receives priority</p>		
<p>Standards for programs in Quality Assurance, Outreach, Public Education, and training for Trauma Center Designation:</p> <ol style="list-style-type: none"> 1. On-going program of quality assurance designed to objectively and effectively monitor, review and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care and resolve identified problems 2. Regular review of all trauma deaths that are within 7 days of admission to the trauma center 3. Regular morbidity and mortality review 4. Regular multidisciplinary trauma conference that includes all members of the trauma team, with minutes of the conference to include attendance, individual cases reviewed and findings 5. Regular medical nursing audits, utilization and tissue reviews 6. Regular reviews of the reports generated by Department of Health from the Trauma Registry and Head and Spinal Cord Injury Registry 7. Regular reviews of pre-hospital and regional systems of trauma care 8. Separate QA for CRNAs to assure on-going review by the physician responsible for the anesthesiology service 9. The hospital shall be actively involved in local and regional emergency medical services systems by providing training and regional resources 10. Hospital –approved procedure for credentialing nurses in trauma care 11. All nurses regularly assigned to ED or ICU shall complete 16 hours of trauma care to be credentialed in trauma care 12. Content/format of nursing course shall be developed in cooperation with trauma medical director. A copy shall be filed with BEMS. Trauma nursing courses offered by higher education or the TNCC may be used to fulfill this requirement. Shall present evidence of satisfactory completion. 13. Hospital diversion information must be maintained to include date, length of time and reason for diversion. Must be monitored as part of Quality Assurance 	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	<p>Comments:</p>
<p>Standards for Program Research in Trauma Research for Trauma Center Designation:</p> <ol style="list-style-type: none"> 1. The hospital shall agree to cooperate and participate with BEMS in conducting epidemiological studies and individual case studies for the purpose of developing injury control and prevention programs 	<p>Met <input type="checkbox"/> Not Met <input type="checkbox"/></p>	<p>Comments:</p>